TOWN OF DAVIE 6591 S.W. 45 STREET DAVIE, FLORIDA 33314 (954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION			
BUSINESS NAME: HOTTER K			
BUSINESS STREET ADDRESS: 1422	15W 21 St.	Davie, FL	ZIP 33325
BUSINESS MAILING ADDRESS: SH			ZIP
BUSINESS PHONE: <u>. 964 - 382 - 1</u>	1140		
DESCRIBETYPE OF BUSINESS: MAIL ORder Buternet SALE of Merchandise - Street Red parts, collectibles, memoratomia, etc. BUSINESS IS: Corporation Sole Proprietor Partnership			
Owner/Officer (s)	lome Address	City/Zip	Phone#
1. TATRICIA LECKLIFER PS	14221 SWZI St.	DAVIE, TZ 3	3325 (954)475-2583
2 MARC Stern 224	6 NW 139 Ave. 5	uvrise, 12 33	333 (954) 835-0891
Federal ID Number or Social Security Number 165-1918525			
I understand that this is an application for a home ccupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30,, and must be renewed before October 1st.			
This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.			
Print Owner or Officers Name a	dent Secretary Sig	nature of Owner o	Officer Resident
Office Use Only: Date 5/28 Cate			n (
Council approval Required Yes	No Zoning Approval	Date	
Town Council Date	Approved	Denied	
Tabled To Approved	Denied	To The second	
TOWN CLERK APPROVAL			

4/98

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION